

CLAIMS ONLY						Application Number <div style="font-size: 1.5em; font-family: cursive;">101692562</div>		Filing Date	
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Application Number 101692562

Filing Date

Applicant(s)	
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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep	1					
Total Depend	25					
Total Claims	26					

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